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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/823,344		Filing Date 04/13/2004		To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), c	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o		N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A		
	AL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =			x \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and sheets of paper, the al is \$250 (\$125 for smal additional 50 sheets of 35 U.S.C. 41(a)(1)(G)		pplication size fee due Il entity) for each or fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
APPLICATION AS AMENDED – PART II OTHER TH (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E									ER THAN ALL ENTITY			
AMENDMENT	12/04/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR	• 28	Minus	 28	= 0		x \$ =	ì	OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 5	Minus	***5	= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	LCC (4)	M	(\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 26	Minus	÷ 25	=	Ì	x \$ =	00	OR	* =		
	Independent (37 CFR 1.18(h))	· 5	Minus		=		x \$ =	X4.	ØR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))					l		<i>U</i> /	4			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
TOTAL ADD'L OR ADD'L FEE FEE												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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